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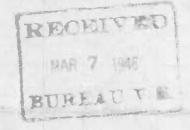
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-2

CERTIFICATE OF DEATH

03082 Reg. Dist. No. 355

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Works W	mal Words
City or town (If outside city or town limits, write RURAL and give nearest town)	R
How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	Street No.
	(If rural, give LOCATION)
How long in hospitat or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Clarisa Elizabeth (Siste	vp.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white manual.	20, DATE DE DEATH. MACHINE 1846 at 8 P. M
6,(b) Name of husband or wife William Bishopi	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S (c) If alive give age 80 years	19
7. Birth date of	and that I last saw have alive on
accesses (mor) and the	Immediate cause of death
o. Auc.	
6 22hrsmin.	
9. Birthplace (Town county, and state)	Due Cerebral
2/	Hewowhoge.
1D. Usual occupation	Due to
11. Industry or business	
12. Name Judice & Hammond 13. Birthplace Bully med. R. 1	Other conditions
\$ 13. Birthplace Bullin Mid. R. 71	(include pregnancy within 3 months of desth)
# 14. Malden name Dana Balen	
	Major findings of operations.
\$ 15. Birthplace many and	Date of op
16. Informant Ohr. Williams States	Autopsy results
Address Beilin md RIP	
17 Burel Date thereof 3/3/45	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Berlin, and (Libertonn)	Injured at home, farm, industry, public place (where?)
	Meens of Injury injured at work?
18. Funeral director	PY O IV
Address Berlin ngb	23. SIGNATURE Chas. 18- faw
3-3 W Helen F. Thursday	M. D. or other
19. (Date rec'd by registrar) Registrar	Address Date signed 3-2-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-2

CERTIFICATE OF DEATH

0308351 Reg. Dist. No. 351

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Worcester Co	State Maryland County Carolina
Cliy or iown Anow Hell (If outside city or town limits, write RURAL and give nearest town)	VI 40 1
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Sireet No. Deuton Dad
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Louis A. Dowdle	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Single	
male	20. DATE OF DEATH. March 30 19 16 2220PM
A division of the standard ways	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	to
7. Birth date of	and thet I last saw h alive on
deceased (mo., day, yr.) debruare, 12, 1901	
8. AGE: Years Months Days If less than one day	Immediate cause of death
45 1 8hrs. min.	
9. Birthplace. Caroline County, Maryland (Town, county, and state)	Due to Oscilla de Completa de
10. Usual occupation. Firewar	
D , - D', A	Que fo
11. Industry or business tennsylvania Rachood Co.	
12. Name Daniel Gowdle	Other conditions
12. Name Daniel Gowdla 13. Birthpiace Caroline County, Mary land	
	(include pregnancy within 3 months of death)
14. Maiden name addie Heury 15. Birthplace Dorchestes Contaly Maryland	Major findings of operations
E 15. 8 rthplace torchestes County Maryland	Date of op.
15 Intermed Clarence E. Bowale	Autoney results.
IQ. IIIIVIIIaiii	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address tederalsburg, Maryland, P.J.D.	
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident suicide, or homicide. Date of
Cemetery or crematory. These Crest Comeley	Where of [n] ry accur? (City or town) (County) (State)
Institute Federalsburg Kangland	Muryd of Home Marm, Industry, public place (where?)
Location Lacation August	P. J. E. J.
18. Funeral director A. J. Framptom and Son	when proffer I sain his Trucks Injured at work? Yes
) (1/1)	2/ 1/2 in h. T
Address Hadralsburg maryland	23. SIGNATURE J. D. MCP4, M. D.
10 3/31/ 1046 FEDO, Swith	B. 1. h.d M. D. or other
(Date rec'd hy registrar) Registrar	Address & Lester 116 Date signed 3/31/76

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

03084

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Alcoratello	State Mapy and County Worklill
City or town	City or town Strline
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
200	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
le destre source	216-09-5876
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mel cold Married	20. DATE OF DEATH Nich 13 19.46, 21 2-309.41
6.(6) Name of husband or wife Munich Backs	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
2/2	19
7. Sirth date of	and that I last saw halive on
deceased (mo., day, y.) 8. AGE: Years Months Days If less than one day	Immediate cause of degla DURATION
3-1- 8 26min.	
	and a action
9. Birihplace (Town, county, and state)	Due to.
10. Usual occupation	
11. Industry or business Same as allower	Due to
	But a selection of the
12. Name Samuel Bauel 13. Birthplace Gerlin md	Dither conditions
	(Incinde pregnancy within 8 months of death)
14. Malden name Markhus Embalanday 15. Birthplace Bulin mad	Major findings of operations
E 15. Birthplace Odisless mg	Date of op.
18. Informant Mas Manue 18 auces	Autopsy results.
Address Bulin md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 m. 11-1941	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicided
Cemetery or crematory.	Where did injury occur?
Location Bulling Jack	injured al home, farm, industry, public place (where?) The terrory
	Means of Injury auto Cullilling Injured at work? Yes
18. Funeral director Annual State Office Control of the Control of	01 8 100 100 17
Address / Saleslyery Post	23. SIGNATURE Stire h. / May Dig. May Erg
1. 3-16- 1. Holon J. Harward	M/D, or other
(Date rec'd by registrar) Registrar	Address Munt 70 Date signed 21/3/45

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BUREAU V.S.

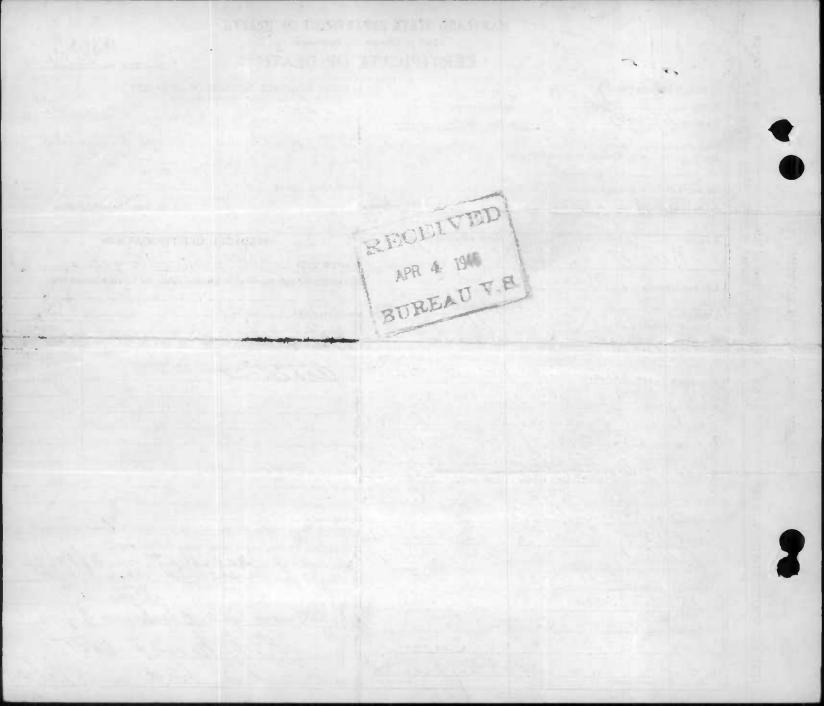
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

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FRT	IFIC.	ATE	OF	DE	AT

1. PLACE OF DEATH: NA P	2. USUAL RESIDENCE (HOME) OF DECEASED: (For exporn infants give residence of mother)
County.	State Md. P P County de Comus
(If outside city or town limits, write RURAL and give nearest town)	1/2/
How long in above place of death?	City or town(If outside city town lents, write RURA), and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. (If rurals girl LOCASTION)
How long in hospital or institution?	2.(a) If veteran, name war Yould Wav # 2
3. (a) FULL NAME	3. (b) Social Security Number
Harry Puston	Gooter
4. Sex 5. Color or Sea Colongle, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Many	20. DATE OF DEATH MUCK 30 419 76 at M
6.(b) Name of husband or wife Otice Gootie	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8 (c) If all ye give age 37 year	19
7. Sirth date of deceased (mo., day, yr OUT, 22-1915	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
30, 5, 8hrsmin.	
Salitury manyland	Due to Alexander
9. Birthplace	Due (V. Ana.
10. Usual ocomption.	f
11. Industriant district at Santein, Corp. I jok	A
12. Kame Laby Edward Street Ward	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Bestude M. Cleff 15. Birthplace Chine Chaque Viesture	Major findings of operations.
15. Birthplace Chine tagen Viegher	Date of op.
16. Interpather, Olive State	. And prey results
Addres 502 E. Fo Cust it Salisby 1	YSICIAN: Please underline the cause to which death should be charged statistically.
Ruine Gren 2200 Kg	22 VIOLENCE: I death was due to external causes fill in the following;
(Burial, cremation, or reports) Which?) Date thereof	Bate of Date of
Cemetery or frematory with the control of the contr	Where did nury order? (City or town) (County) (State)
Location alustry Maryland	Injured of hord farm, Industry public place (where?)
18 Fund from do of Weller P. 70	Made of Mer I see the bot K. K. Georged at work? (yes
Address Saluth manlanel	1 / 1 / 2 / 2 / X
11/-0 11/ 88	23. GENTURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Steelen Wed Date signed 4/1/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	66.	
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	E OF DEATH Reg. Dist. No. 35/
1. PLACE OF DEATH: County City or fown. (If outside city or fown limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Hammond Baly	3. (b) Social Security Number
Male Collawy Single married, widowed, or divorced Solo Name of husband or wife.	MEDICAL CERTIFICATION 2D. DATE DF DEATH. M. 3. 2. 19. 4. 2. 11. 1 CERTIFY that doubt occurred on the date above stated; that Lattended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and thet I last saw h. in alive on March 22 19 49 Immediate cause of death DURATION Frematurity 5 Min
9. Birthplace (Town, county, and state) 10. Usual occupation	Due fo
12. Name Manuary Ochsus 113. Birthplace Manuary January 14. Maiden name Manuary January 15. Birthplace	(Incinde pregnancy within 3 months of death) Major findings of operations. Date of op.
Address Maria Bate thereof Maria (month) (day (year)	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory of Maddle State Location Maddle State Locati	Where did injury occur?
18. Funeral director Address Address 19. (Date rec'll by registrar) 19. (Registrar)	23. SIGNATURE Short for La M. D. or other 46 Address Date signed 123/46

MAR 25 1946 BUBEAU V.S

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

CERTIFICATE OF DEATH

03087 Reg. Dist. No. 355

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Waccolu.	(For newborn infants give residence of mother)
City or fown	State County County
	(If outside city or town limits, write RURAY and give nearest town)
How long In above place of death?	
	Street Mo(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Hester Hoeland.	
4. Sex (5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Juste white widow.	20. DATE OF DEATH March 29 1846 , 21/:30AM
8.(6) Name of husband or wife clarles 2. Ineland.	21. I CERTIFY that doath occurred on the date above stated; that I attended deceased from
	march 27 19 46 1 presel 29 19 46
7. Birth date of 1850	and that I last saw here alive on March 29 19.46
Deceased (mo., day, ye.)	Immediate cause of death
8. AGE: Years Month's Days If less than one day	Centres homoraliage 2 days
88 6 28hrsmin.	
9. Birthplace (Bellin (Town, county, and state)	Due to Survey of Catalog Clearing 32 32
10. Usuat occupation.	Due to the per tension 20 yes
11. Industry or business	
12. Name Welland Eland.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name land 9 Sickman 15. Birthpiace Transland	Major findings of operations.
2 15. Birtholace man land	Date of op
Mr. Sile of M. Olanda	Autopsy results.
16, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Seller My	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial cremation or removal Which?) (Burial cremation or removal Which?) (month) (day) (year)	Accident, suicide, or homicide
(Buria, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Seelen med	Injured af home, farm, Industry, public place (where?)
18. Funeral director. Anna R. Burbaya	Meens of Injury tnjured af work?
Address Bulin ny.	Illera Do W. T.
	23 SIGNATURE M. D. or other
19. 3-13 19. 46. Helen T May Wo	Address Aselia Med Date signed 3/30/46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03088 Reg. Diat. No. 355

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Worlds Lu	(For newborn infants give residence of mother)
Bestini R FD.	State Markend County works
City or town	(Bulli 0 1.D.
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
noopital, manually of ones, waster and a second	Street No(If rural, give LOCATION)
	(It rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME William Dudsor	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
ne de white mare de	
maried marked	20. DATE OF DEATH March 26 1976 at 9 PM
D. 1. 2/ 1.	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
6.(b) Name of husband or wife.	
R (c) If allive give age 58 years	to
7. Birth date of	and that I last saw have alive on Acces 2 5 19.4.
deceased (mo., day, yr.) February 18 1883	Immediate cause of death
8. AGE: Years Months Days It less than one day	Ammeniate Cause of Means.
1 - 1	
63 1 8min.	Aucusus ,
Bellie Wor Co and	Due to
9. Birthplace	Na do da i
10 Heart occupation Frances	
10. Usual occupation.	Due to
11. Industry or business	
# Julia Dudson	
12. Name William Mudeon 13. Birthplace	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
# 14. Maiden name Possia North	(Include pregnancy within a months of death)
E 14. Maiden name.	Major findings of operations
15. 8irthplace	
no Only Date den	
16. Informant	Antopsy results
Address Berlin mid	PRINCIAN: Flease anderine the Cause to wanted seems about 50 carried statements
2/28/11	22. VIOLENCE: It death was due to external causes, fill in the following:
17. Date thereof.	Accident, suicide, or homicide
(Burial cremation, or removal. Which?) (month) (way) (year)	
Cemetery or crematory	Where did injury occur?
Bush on made	Injured at home, farm, industry, public place (where?)
Location	
De Surbon	Mesns of injury injured at work?
18. Funeral director	000
Address Serlin . The	Char K. Hause
2 24 21 41 7 41	23. SIGNATURE
19. 3-28 1946 Welen 1- Wayward	- 12 - 2 1 276-41
(Duta rae'd by registrar) Registrar	Androce Bate signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 57-3



CERTIFICATE OF DEATH

03089 Reg. Dist. No. 355

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	20. DATE OF DEATH. THE COLUMN 19 6 at 7 20 121 CERTIFY that death occurred on the date above stated; that J ettended deceased from
8. AGE: Years Months Days If less than one day Months Days Months Months	Chierat 19 45 March 10046
8. Birthplace (Town, county, and state) 10. Usual occupation 11. Industry or business	Due to
12. Name 13. Birthplace 14. Malden name 15. Birthplace 15. Birthplace	Other conditions
16. Intermant Address 17 (Burlal, cremation, or removal, Which?) Date thereot (month) (day) (year)	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged atatistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide
Location 18. Funeral director Address W. Helen F. Hauward	Where did injury occur?

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

03090

Reg. Dint. No.

1. PLACE OF DEATH: MARCINER	(For newborn infants give residence of mother)
County	State Many Just County Manual State
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? and years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where doubt occurred:	
***************************************	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME Glarge Kelly	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
Male laday Wielowed	20. DATE DE DEATH MUCCH LIGHT 18 16 at A LAND M
6.(b) Name of husband or wife Sarah Hilly	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
/ / / / / / / / / / / / / / / / / / / /	
7. Birth date of	and that I last saw halive on19
deceased (mo., day, yr.) Uffill 10 - 1000	Immediate cause of death
8. AGE: Years Months Days If less than one day	Chrone Mystridelic
85	Jan San San San San San San San San San S
9. Birthplace Withmans Muginia	Due to Similate 3 cd (11 (let 11 stellow)
9. Birthplace JAMANAGAS (Town, county, and style)	
10. Usual occupationJaloj	
	Due 10
11. Industry or business	
12. Name Juntarium 13. Birthplace 11	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Wankbull saturf 15. Birthplace 11	
E as al-tholon	Majur fiadings of operations.
= 15. Birmplace	Date of op.
16. Informant	Antopsy results
Address Srowklille My	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
Busich 27/4/2	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Buyal, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory & A. S. M. M. M.	Where did injury occur?
1 7/1/1 md	1,95/
Location Sugar Manual M	Injured at home, farm Industry, public place (where?)
18. Funeral director Account & Annua	Manhy of Injury / / Injured at work?
1 .7/.01/ 2m/	Mill HT / / / / / / / / / / / / / / / / / /
Address Snow Nale, 1119	73 SIGNATURE
19	M. D. or other
19	Address Date signet





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore 932 CERTIFICATE OF DEATH

03091 X Reg. Diat. No. 350

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DESEASED:
County	State Maulauf County Worcestee
City or town(If outside city or town limits, write RURAL and give neares town)	City or town / Possonshe City Tyg
How long in above place of death?	(If outside city or town limits) write RURAD and ave nearest wowfi)
nospital, institution, or street autiess where useful occurrent.	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John F. Reige	
4. Sex 5. Bolor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male twite married	20, DATE DF DEATH. March 29,1946, 2445 F
G, (b) Name of husband or wife Solphia Teyson	21. I SERTIFY that death occurred on the dale above stated; that attended deceased from
	18 10 10 12 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of deceased (mo., day, yr.)	and that I last saw barrier on 195
8. AGE: Years Months Days If less than one day	Immediate cause of death
77 —	
8. Birthplace enousack accomac Va	Due to
(Town, county, and state)	
1D. Usual occupation.	Due to
11. Indostry or business	
12. Name 12. Name	Diher conditions
S 13. Birthplace	(Iuclude pregnancy withiu 3 months of death)
H 14. Maiden name Mary and August	Major findings of operations
S 15. Birthplace	
16. Informati Affild Saulus	Autopsy results.
Address Lecsomash Da.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
(Ruria) cremation or remain, Which?) Dale thereof Month (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removed. Which?)	Mr. 121 (m. 2000)
Cemetery or cremators	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Malaulle 1910 alarm	mulate of minery
Address , Josephon mg	23. SIGNATURE Cayoffice
March 31. 11 de anné Othite	M. D. or other
(Date rec'd by registrar) Registrar	Address Land signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2)

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CERTIFICATE OF DEATH

1	
0	Reg. I

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County Whee County
How long in above place of death?	City or town
,	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
Richard Lynn masser	3. (b) Social Security Number
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced which which will be set to the set of the	MEDICAL CERTIFICATION 20. DATE OF DEATH MILE CLE 19 4 62, 213 11 19
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Ottobure B.(c) If alive, give age year year 422	and that I last saw h 444 alive on 1944
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
3 5 13hrsml	
9. Birthplace	Due to
10. Usual occupation	Due to
11. Industry or business 12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Wilde Jackson. 15. Birthplace	Major findings of operations
Mar Co Dia Ona	Date of op.
Address Calalas Mada	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Bale thereof 3/22/46	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal Which?) (mowth) (day) (year) Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Bellin and	Injured at home, farm, indestry, public place (where?)
18. Funerat director	Means of Injury Injured at work?
Address Berlin and	3. SIGNATURE M. D. or other
19.3-22 1946 Helen J. Haywa	M. D. or other

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MAR 29 1946

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

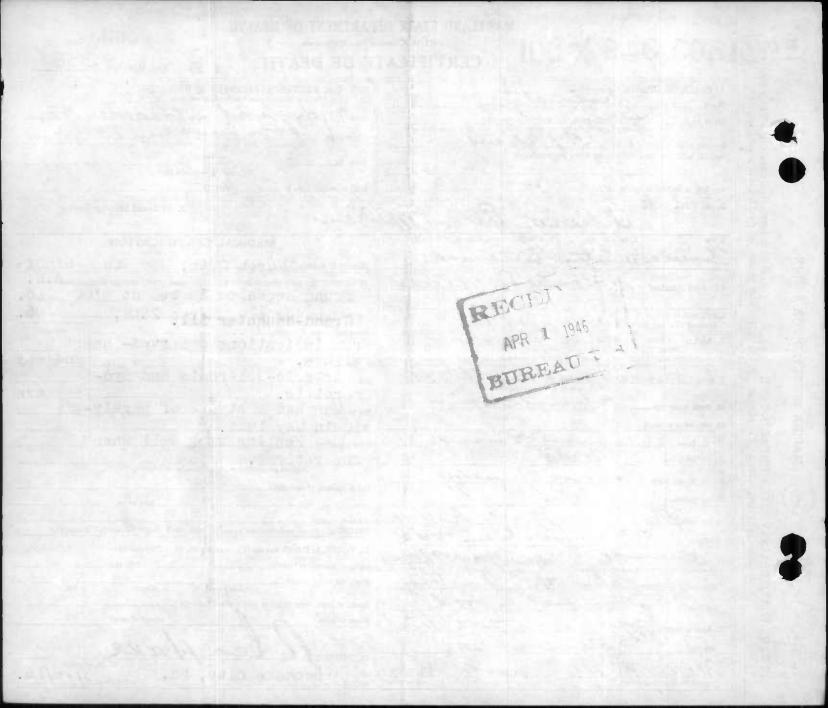
2411 N. Charles St., Baltimore



03093 Reg. Dist. No. 350

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DEGEASED: (For newborn infants, give residence of modified)
County	State Maryland County Workerter
City or fown (If outside city or town limits, write RURAL and give nearest town)	Brown Ind.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or straet audress where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME alivia Ellen Mi	Olo 3. (b) Social Security Number
4. Seg 5. Color or race 8.(a) Single, married, widowed, or divorced	
Angle White Didowed	MEDICAL CERTIFICATION
Simula White Wearouth	20. DATE OF DEATH. March 27th, 1946 31.6.00A.M
6.(b) Name of husband or wife Charles S. Miller	21. I CERTIFY that death occurred on the date above stated: that I allended deceased from A.M. Found deceased in bed at 8:00 19.46.
7. Birth date of deceased (mo., day, yr.) 23 18 71	end the Ulast say he daughter lireh 24th, 19.46.
8. AGE: Years Months Days It less than one day	From indications observed- heart
25 > 4min.	failure. Suddeny
9. Birthplace Trincess come, Somework Md.	Due to Arterio-sclerosis and myo-
(Town, county, and state)	carditis. 5 years
10. Usoat occupation	Oue to She had a stroke of paraly
11. Industry or business	sis in May 1944.
12. Name 12. Name 23. Birtholace	Other conditions Feeling very well when
	she retired. (Include pregnancy within 3 months of death)
14. Malden name Configuration 15. Birthplace	Major findings of operations.
S 15. Birthplace	
16 Informant Mer Groce Marce Kirley	Autopsy results.
Address Poconsohe me	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Buriel Mach 29194	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Bale thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or compatury	Whera did injury occur?
Location Roccornotor made,	Injured at bome, farm, industry, public place (where?)
18. Funeral director marganetts selevation	Means of Injury tnjured at work?
Address Proposto Told	11/- 1/- 20
m 1 20 11 11 Enlit	23. SIGNATURE M. D. or other
19. March 29, 19 46 Sune 6. While (Date rec'd by registrar) Registrar	Address Pocomoke City, Md. Bate signed 3/28/46.



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

CERTIFICATE OF DEATH

. 03094 Reg. Dist. No. 355

1. PLACE OF DEATH: County MARCESTER	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. (If outside city or town limits, write RURAL and give nearest town)	State MIARYLAND County WORCSSTER		
How long in above place of death? 50 VEAES	City or town (1f outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How tong in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
ELVA MAG MITCHELL			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
FEMILE WHITE MARRIED.	20. DATE OF DEATH. IN ACC 14 & 19 14 5 10 100 M		
8.(b) Name of husband or wife GEORGE L. MITCHELL	21. I CERTIFY that death occurred on the date above stated: That Vatlended deceased from		
6.(c) If alive, give age 5 + years	JAN 15 1946, to MRIGE 8 1946		
7. Birth date of deceased (mo., day, yr.) DECEMBER 16, 1894	auf that t last saw har a alive on A land the 19.7/2		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
51 11 20nin.	Carilla Pine) breast 5 ju		
- 19ET			
9. Birthplace OFE (Town, county, and state)	Due to		
10. Usual occupation 14-3 985 7 185			
11. Industry or business	Due to		
A / ()	Other conditions		
12. Name 12. Name 13. SIrthplace 13. SIrthplace 13. SIrthplace 13. SIrthplace 13. SIR D.			
	(Include pregnancy within 8 months of death)		
14. Maiden name C = C = A H BAN ER 15. Birthplace V/ FA = E V C = E / Y =	Major findings of operations.		
El 15. Birthplace			
16. Informant PR. C. C. TITCHEC	Autopsy results		
Address SERLIN, MD.			
17. B UR A Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:		
	Accident, suicide, or homicide		
Cemetery or crematory DUCKING IT AT N	Where did injury occur?		
Location (SERLIN, MID.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Burns R. Burboga	Means of Injury Injured at work?		
Address Belli Med.	Illicato To ho		
1.3-10 1.46 Helen F. Hayware	23. SIGNATURE M. D. or other		

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BUREAU V. S.

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4.

Address

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

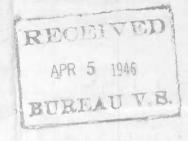
2411 N. Charles St., Baltimore 38-2

CERTIFICAT	TE OF DEATH Rog. Diat. No. 355
1. PLACE OF DEATH: County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outsidecity or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Jonah Purnell.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH MARCH 29, 1946, at 73/M
8. (b) Name of husband or wife	and that I last saw h Long alive on 3-27-45 Immediate cause of death England DURATION Death Myocardetes DURATION
12. Name	Other conditions
Cemetery or crematory Energy Reserved R. 1D.	Where did Injury occur? (City or town) (County) (State)

Means of injury

M. D. or other

Injured at work?



2411 N. Charles St., Baltimore Bio

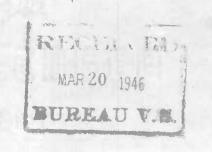
		4-1
CERTIFICATE	OF	DEATH

03095 Reg. Dist. No. 355

1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Levale white who is a divorced 6.(b) Name of husband or wife Classification S. Diviler:	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended decayased from
7. Birth date of deceased (mo., day, yr.) Thank 29 1857 8. AGE: Years Months Days Miess than one day 88 11) +hrsmin.	and that I last saw h are alive on 3-13 to 3-1
9. Birthplace	Due to Degrevateure Due 10 known Out. Paphretes
12. Name William H. January 13. Birthplace Quilin M. 14. Maiden name Canaline Coard 15. Birthplace Gerlin M.	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Das Edward Jarman Address Berlin, 21	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal. Which?) Cemetery or crematory. Location Date thereot month) (day) (year)	Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director Aug. Address 19. 3-16 19. 46 Helen F. Hayward	Means of injury Injured at work? 23. SIGNATURE M. D. or other Address Address Address

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (462)

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Worces. L.	
City or town	State County Wheeler
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	
	Street No
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Ida on Richardson.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Leusle white widow	20. DATE OF DEATH 3-30 46 at 10 1 M
N Pichardon	
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that telended deceased from
7. Birth date of	and that I last saw her alive on 3-18
deceased (mo., day, yr.) Mar. 9 1884.	Immediate cause of death
8. AGE: Years Months Days It less than one day	Carcinonia of Return ?
62 0 11hrsmin.	Λ
9. Birthplace Ocean Climan with and states	Que to V
9. Birthplace	DUE 10
10. Usual occupation doublewife.	Due to.
11. Industry or business	
12. Name Joshua Farlow	Other conditions A
	(Include pregnancy within 3 months of death)
14. Malden name Amie Intelled 15. Birthplace Manylund.	Major findings of operations
15 Richnigee Maryland.	Date of op.
m. holy of Ridenston	
16. Intermant	Autopsy results
Address Sales burn nig	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) Date thereot 3/22/46 (month) (day) (year)	Accident, suicide, or homicide
17. Bare therest (month) (day) (year)	
Cemetery or crematory	Whera did injury occur?
Location Berline mid	Injured at home, farm, Industry, public place (where?)
A. A Bucha	Means of Injury Injured at work?
18. Funeral director Agents Agents	
Address Berlen mol	2 SIGNATURE OLEFFORT 6 Scholl
9-02 4/ 1/0/04 F. Day 1100	2. SIGNATURE M. D. or other
19	Address Dereu Ma Date signed 3/23/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MAR 29 1946

BUREAU V.R.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1910

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CERTIFICATE OF DEATH

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Rev.			.3	7.	/
Reg.	Dist.	No.	0	W /	

	arlea St., Baltimore (910)
CERTIFICA	TE OF DEATH Reg. Dist. No. 35/
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Ranie Smith	3. (b) Social Security Number
Lemale Scolor or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH MANCH 2.2 19.44 21.12.7.
6.(6) Name of husband or wife Sandul Smith	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth dale of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h
Eback 60 min	n. Pesperatory Poralgas / day Due to Cerebral / asculas 4 day
10. Usual occupation	Due to Deptember Cargles -
11. Industry or business 12. Name Charles Cupfulfill 13. Birthplace Mauland	Other conditions Supplementary
14. Malden name January 15. Birthplace Manyland	(Include pregnancy within 3 months of death) Major findings of operations.
E 15. Birthplace Malyland 16. Informant January Smith	Autopsy results.
Address Show Hall Mg Rusal # 17 Date thereof Much 29 450	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Buffal, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Location Susse Mills Mills	Injured at home farm Industry nublic place (where?)
Address Jugu Hill Mg	1 A A P Ma mo
19. 3/23/1946 RECay Smith (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address Date signed 23/46

REOFIVED,
MAR 25 1946
BUREAU V. M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH: Man A.	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town. I Control of town imits, write RURAL and give nearest town)	State Many Sassof County & Many
How long in above place of death?	(If outside city or town limits, write KURAL and give nearest town)
Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
V	Street No.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Westa Jum Heneman	Mane
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
De la Tarlette d' la	7
umale mule single	20. DATE OF DEATH. MAICH 3 19 46, at 9 40 M
6.(b) Name of husband or wife.	21. I CERTIEY that death occurred on the dale above stated; that I attended deceased from
	Sept 18/6, 10 Justice 3 1966
7. Birth date of	and that I last saw have alive on the same alive of the same alive
deceased (mo., day, yr.) ///WCA 2 - / 189	Immediate capes of death DURATION
8. AGE: Years Months Days If less than one day	Lines + lympholic
60 0 hrsmin.	aland a gar alter
9. Birtholace Hacomake Carte Wellow My	Due to Ceee of Best
9. Birthplace (Town) county, and state)	01-5-
10. Usual occupation Acusewale	
11. Indostry or business 1 Ann Hume	Due to
×1	
E 12. Hame James 9. Allegard	Other conditions
13. Birthplace flassing	(Include pregnancy within 3 months of death)
14. Maiden name Olds allette G. Hearne	(Include pregnancy within a months of death)
15. Birthplace O Many Land	Major findings ol operations.
an mi la	Date of op
16. Intermant	Autopsy results.
Address Hacumake lette Ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
13. 10 march 5/4/0	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removed. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide,
Cemetery or crematory tresly (essent)	Where dld injury occur?
Than Alice look	
Location	Injured al home, farm, Industry, public place (where?)
18. Funeral director Allay 6. Dimmis	Means of Injury Injured at work?
Address (Accommobe Soil: MO	2011.71
musicos Curamone en 119	23. SIGHATURE
19 March 5 19 46 Unne to Shete	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 3

LANGUAGE OF THE THE AND THE THE PARK AND THE

MAR 6 1916 BUREAU V.M.

WIPH UNFADING INK. Supply every item of information carefully. The correimportant, Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WIPH UNF is especially important.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 1702

03100

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town (If outside city or town limits, write RURAL and give nearest town) Street Mo. (If rural, give LOCATION) 2.(a) If veteran, name war
4. Sex 5. Color or race 6.(a) Single, married, widowid, or divorced	3. (b) Social Security Number 219-07-7271
mel coel surge	MEDICAL CERTIFICATION 20. DATE OF DEATH 19.46 21.309.00
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Years	and that I last saw bailve on
deceased (mo., day, yr.) A May 5 1 1 7.2.1 8. AGE: Years Months Days If less than one day	Immediate cause of danth
24 9 19 min.	Tractions Prous
9. Birthplace (Town, county, and state)	Due to Outs acailut
1D. Usual occupation.	
11. Industry or business	Due to
	Diher conditions
Z 13. Birthplace Gralin The	(Include pregnancy within 3 months of death)
# 14. Malden name Angels Ville Post:	
14. Malden name. A. V. Lie S.	Major findings of operations
18. Informati Die Me Faster:	Antopay results
Address Bullin med	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Para Date thereof 5/15/14 5	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicial accession. Where did injury occur?
Cemetery or crematory	(City or town) (State)
Location ()	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Civils according Injured at work?
Address Gelining	26. SIGNATURE of her L. They Dip. mis Exam
1, 3-15 , 46 Helen F. Haywa	M. D. or other

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MAR 20 1946

BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (KS)

CERTIFICATE OF DEATH

03131

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn insents give residence of mother) State
4. Sex 75. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH MARCH STA 1946, et 0 9 M
8.(6) Name of husband or wife Molly Sturgis 7. Birth date of deceased (mo. day, yr.) December 24 /8 95	20. DATE DF DEATH 19.46 at 19.46 M 21. CERTIFY that death occurred on the date above stated; that retended deceased from 19.46 to 19.46 and that I last saw h
8. AGE: Years Months Days If less than one day 5. 0	Immediate cause of death was local front of DURATION 4 days Bue to Freeling 5 Speech 4 days
1D. Usual occupation The Land State) 11. Industry or business Pacating Wheele:	Due to Shows as head: Due to Romicidal consists. Differ conditions alcoholic many
12. Name Cashington Willis 13. Birthplace Wreesle Go MM 14. Maiden name arch Cathinin (1) 15. Birthplace Wreesle Go Ms	(Include pregnancy within 8 months of death) Major fieldings of operations.
Address Poromore aly mil	Autopsy results. Autopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burial, cremation, or removal. Which?) Cemetery or crematory. (day) (year) Location (Day) (year)	Where did injury occurs (City or town) Injured at home, farm, industry, public place (where?) Output Date of the street of th
18. Funeral director) dancing Sadishan Address Formary City Ma	Means of Injuritings with transmission Injured at work? No. 23 SIGNATURE M. E. Serlowers Ma.
19. March 12, 1946 Anne Eo. Mulle Registrar	Address Common City Man Date signed 3/9/4/

